

ATTACHMENT A

FORKLIFT APPLICATION

All applicants must complete this form.

Please print or type all information on this and any attached applications.

APPLICANT INFORMATION:	
Organization/Company Name:	
Business type:	
Contact name:	
Mailing address:	
Equipment location address (if different):	
Contact phone: ()	Fax: ()
E-mail:	
Current operation/facility size (square feet):	
Expanded operation/facility size (square feet), if applicable:	
Are there other locations of this organization/company in California?	

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

FORKLIFT APPLICATION
WORK STATEMENT/SCHEDULE OF DELIVERABLES
All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- A program schedule, with project milestones and dates clearly identified;
- Provisions for appropriate record-keeping during the life of the funded project. At a minimum, MDAQMD expects to receive the following reports:
 1. Quarterly status reports until the equipment purchase has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 2. An annual report, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation, amount of electricity used, and operational and maintenance issues encountered and how they were resolved. All forklifts will be required to have a non-resettable hour meter installed. MDAQMD reserves the right to verify the information provided.

**FORKLIFT APPLICATION
EXISTING FLEET INFORMATION**

All applicants (except new facility/business) must complete this form

EXISTING FLEET INFORMATION
Number of forklifts in applicant's existing fleet:
Number of non-electric forklifts in the applicant's current fleet:
Does the applicant rent or lease forklifts to other parties?
Routine work application of current forklift fleet:
Is the current forklift fleet generally used inside or outside?
Number of forklifts in existing fleet that are currently used on rough terrain, or inclines greater than 10 percent:
Does the applicant currently own or lease charging equipment?

**FORKLIFT APPLICATION
NEW EQUIPMENT INFORMATION
All applicants must complete this form**

GENERAL INFORMATION ABOUT NEW EQUIPMENT CONSIDERED FOR PURCHASE	
Number of electric forklifts, rated Class I (lift code 5 or 6) considered for purchase?	
Do you intend to purchase more than one battery pack for each forklift?	
Number of chargers purchased or considered for purchase?	
Will the forklifts be used primarily inside or outside?	
Primary function or work application of equipment:	
Estimated total annual hours of operation:	Operation within district boundaries (%):
Estimated annual electrical consumption for each forklift (kilowatt hours):	
Describe how, and where the forklift(s) will be charged: <i>(for example, charge forklift overnight or when not in use, or fast charge multiple forklifts, or remove batteries from forklift to charge & replace with charged battery packs for multiple shift operations).</i>	

**FORKLIFT APPLICATION
NEW EQUIPMENT INFORMATION**

All applicants must complete one copy of this form for each forklift to be purchased

NEW ELECTRIC FORKLIFT EQUIPMENT CONSIDERED FOR PURCHASE	
Equipment make:	
Equipment model:	
Equipment model year:	
Lift capacity (pounds) for each forklift:	
What is the forklift class and lift code rating?	
What kind of tires does the forklift have (air-filled, cushion, other)?	
Estimated replacement schedule:	Project Life (years)
Cost of new electric forklift (do not include battery pack):	
Cost of one battery pack:	

MANUFACTURER OR DEALER INFORMATION
Manufacturer/Dealer:
Street Address:
Phone: ()
Contact Name:

FORKLIFT APPLICATION
FORKLIFT REPLACEMENT INFORMATION
 Complete one copy of this form for each forklift to be replaced

INFORMATION ABOUT EXISTING FORKLIFT BEING REPLACED		
Forklift manufacturer:		
Forklift model:	Serial Number:	Year manufactured:
Horsepower Rating:		Lift capacity (pounds):
Estimated annual fuel consumption (include units):		Estimated total annual hours of operation:
How many years do you typically use your forklifts?		Estimated cost of replacing equipment w/another internal combustion engine unit:
Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Gasoline		
Load factor (%):	NO _x emission rate of internal combustion engine forklift you would have bought if incentive funds were not available (g/bhp-hr):	
Primary function (work application) of forklift:		
Briefly describe what you intend to do with this forklift after you have purchased the new electric forklift:		

**FORKLIFT APPLICATION
INFORMATION ON FORKLIFTS USED FOR OPERATION/FACILITY
EXPANSION OR NEW FACILITY**

Complete one copy of this form for *each* expansion or new facility forklift

INFORMATION ON THE <u>NON-ELECTRIC</u> FORKLIFT THAT YOU WOULD HAVE PURCHASED IF YOU DID NOT RECEIVE FUNDING FROM THE CARL MOYER PROGRAM (Fill out if you are expanding your current operation/facility or are a new operation/facility):		
Forklift manufacturer:		
Forklift model:	Lift Capacity (in pounds):	Year manufactured:
Horsepower Rating:		Cost if purchased new:
Estimated annual fuel consumption (include units):		Estimated total annual hours of operation:
Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Gasoline		
Load factor (%):		NO _x emission rate (g/bhp-hr):
Name and phone number of store or dealer where you would have purchased the forklift: 		